



DE LA SALLE ARANETA UNIVERSITY

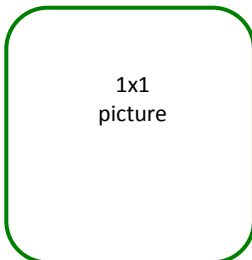
Don Salvador Araneta Campus, Victoneta Avenue, Potrero, Malabon City, Philippines 1470 Tel. No. (02)330-9128 to 33 www.dlsau.edu.ph



TERTIARY DEPARTMENT APPLICATION FORM

SCHOOL YEAR: 20 ____ - ____

STUDENT'S NO.:	<input type="text"/>
LAST NAME:	<input type="text"/>
FIRST NAME:	<input type="text"/>
MIDDLE NAME:	<input type="text"/>
[] COLLEGE [] GRADUATE SCHOOL	



DO NOT FILL OUT FOR DLSAU USE ONLY

DOCUMENTS SUBMITTED:

- Photocopy of Birth Certificate
- Photocopy of Baptismal Certificate
- Photocopy of Report Card past year
- Photocopy of SSP for foreign Applicants
- Photocopy of Passport for foreign Applicants
- ACR for Non – Filipino
- Letters of Recommendation
- Three (3) recent 1x1 picture

Note: Please bring the ORIGINAL COPIES OF THE DOCUMENTS

YEAR LEVEL:	ENTERED AS: [] FRESHMAN [] TRANSFEREE [] RETURNEE
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PERSONAL INFORMATION

DATE OF BIRTH: mm/dd/yyyy ____/____/____	PLACE OF BIRTH:	NATIONALITY:			
AGE:	GENDER:	RELIGION:	TEL NO.:	MOBILE NO.:	E-MAIL:

COMPLETE ADDRESS:

COMPLETE PROVINCIAL ADDRESS:

FOR FOREIGN STUDENTS ONLY

ACR NO.:	WHEN ISSUED:	WHERE ISSUED:
PASSPORT NO.:	WHEN ISSUED:	WHERE ISSUED:

COMPLETE ADDRESS IN HOME COUNTRY:	TEL NO.:
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EDUCATIONAL HISTORY

GRADE SCHOOL	NAME OF SCHOOL:	YEAR GRADUATED:
SCHOOL ADDRESS:	HONORS/AWARDS:	

HIGH SCHOOL	NAME OF SCHOOL:	YEAR GRADUATED:
SCHOOL ADDRESS:	HONORS/AWARDS:	

FOR TRANSFERRE NAME OF SCHOOL LAST ATTENDED:	SCHOOL YEAR:	
SCHOOL ADDRESS:	GENERAL AVERAGE:	GRADE/YEAR LEVEL:

FAMILY BACKGROUND

NAME:	FATHER:	MOTHER:
NATIONALITY:		
RELIGION:		
HIGHEST EDUCATIONAL ATTAINMENT:		
OCCUPATION:		
POSITION:		
COMPANY NAME:		
COMPANY ADDRESS:		
OFFICE NO.:		
MOBILE NO.:		
E-MAIL:		

NOTE: If you are being supported financially by or living with your guardian(s) and not by your parents, please fill the information

GUARDIAN'S NAME:	RELATIONSHIP:	
ADDRESS:	OCCUPATION:	
COMPANY ADDRESS:	TEL. NO.:	MOBILE NO.:

APPROXIMATE GROSS ANNUAL INCOME OF BOTH PARENTS OR GUARDIANS: (Please check)	NO. OF SIBLINGS: _____ BOY(S) _____ GIRL(S)
<input type="checkbox"/> below 100,000.00 <input type="checkbox"/> 300,000.00 - 350,000.00 <input type="checkbox"/> 550,000.00 - 600,000.00 <input type="checkbox"/> 100,000.00 - 150,000.00 <input type="checkbox"/> 350,000.00 - 400,000.00 <input type="checkbox"/> 600,000.00 - 650,000.00 <input type="checkbox"/> 150,000.00 - 200,000.00 <input type="checkbox"/> 400,000.00 - 450,000.00 <input type="checkbox"/> above 650,000.00 <input type="checkbox"/> 200,000.00 - 250,000.00 <input type="checkbox"/> 450,000.00 - 500,000.00 <input type="checkbox"/> 250,000.00 - 300,000.00 <input type="checkbox"/> 500,000.00 - 550,000.00	HOW MANY SIBLINGS ENROLLED IN DLSAU? _____ BOY(S) _____ GIRL(S) ARE YOUR PARENT(S) [] YES [] NO GRADUATE OF GAUF/DLSAU? [] FATHER [] MOTHER ARE YOUR SIBLING(S) [] YES [] NO GRADUATE OF GAUF/DLSAU? [] BROTHER [] SISTER

PLEASE PRINT 5 COPIES – [] ADMISSION [] REGISTRARS [] GUIDANCE [] CLINIC [] DEPARTMENT